

<i>SERFF Tracking Number:</i>	<i>SYMX-125868086</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40638</i>
<i>Company Tracking Number:</i>	<i>A10AR0002510F01</i>		
<i>TOI:</i>	<i>A08G Group Annuities - Unallocated</i>	<i>Sub-TOI:</i>	<i>A08G.003 Deposit Administration</i>
<i>Product Name:</i>	<i>RSC-0060 5/08 Group Annuity Contract</i>		
<i>Project Name/Number:</i>	<i>RSC-0060 5/08/A10AR0002510F01</i>		

Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: RSC-0060 5/08 Group Annuity Contract SERFF Tr Num: SYMX-125868086 State: ArkansasLH

TOI: A08G Group Annuities - Unallocated

SERFF Status: Closed

State Tr Num: 40638

Sub-TOI: A08G.003 Deposit Administration

Co Tr Num: A10AR0002510F01

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Symetra Life

Disposition Date: 10/24/2008

Date Submitted: 10/21/2008

Disposition Status: Approved

Implementation Date Requested: 11/18/2008

Implementation Date:

State Filing Description:

General Information

Project Name: RSC-0060 5/08

Project Number: A10AR0002510F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/24/2008

State Status Changed: 10/24/2008

Corresponding Filing Tracking Number:

Filing Description:

Symetra Life Insurance Company

NAIC No. 68608

FEIN: 91-0742147

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 06/27/2008

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Deemer Date:

Form number:

RSC-0060/MSR 5/08-Unallocated Group Annuity Contract

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RSA-0012/MSR 5/08-Application Form

RSC-0061/MSR D 5/08-Contract Schedule

RSE-0047/MSR 5/08-TSA Endorsement

Supporting Documentation:

Actuarial Memorandum

Statement of Variability

Dear Sir or Madam,

On behalf of Symetra Life Insurance Company, please find enclosed for your review and approval the above referenced forms. This is a new filing and the referenced forms replace no other forms currently in use by Symetra. These forms do not deviate from company or industry standards.

Form number RSC-0060/MR 5/08 is an unallocated group annuity contract used as a funding vehicle for retirement plans qualified under sections 401(a), 403(b) and 457(b) of the Internal Revenue Code. This contract will also be used to fund employer-sponsored welfare plans used exclusively to reimburse expenses incurred for medical care as defined under IRC Section 213(d). This contract contains no surrender charges and has a 1.5% Guaranteed Minimum Interest Rate for Life of the contract.

This contract is unallocated and will only be sold within a tax-qualified arrangement. We will issue a contract to the owner, but no individual certificate will be issued to the participant Administration, communication with the participant and recordkeeping will be done at the employer level.

In addition, the contract is issued subject to the terms of the plan, which determines how and to whom benefits are paid. We (or the designated TPA) would pay the participant any vested benefits upon instruction of the owner (or the owner's designated administrator)

This product will be sold through agents who are licensed and appointed by Symetra Life Insurance Company to a target market of employers who are eligible under the tax law to provide these plans to their employees.

SERFF Tracking Number: SYMX-125868086 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 40638
Company Tracking Number: A10AR0002510F01
TOI: A08G Group Annuities - Unallocated Sub-TOI: A08G.003 Deposit Administration
Product Name: RSC-0060 5/08 Group Annuity Contract
Project Name/Number: RSC-0060 5/08/A10AR0002510F01

Company and Contact

Filing Contact Information

B Smith, Insurance Compliance Analyst Brady.Smith@Symetra.com
P.O. Box 34690 (425) 256-8000 [Phone]
Seattle, WA 98124-1690 (425) 256-5466[FAX]

Filing Company Information

Symetra Life Insurance Company CoCode: 68608 State of Domicile: Washington
P.O. Box 34690 Group Code: 1129 Company Type:
Seattle, WA 98124-1690 Group Name: State ID Number: 667
(425) 256-8000 ext. [Phone] FEIN Number: 91-0742147

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 product filing @ \$50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$50.00	10/21/2008	23375057

<i>SERFF Tracking Number:</i>	<i>SYMX-125868086</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>RSC-0060 5/08/A10AR0002510F01</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/24/2008	10/24/2008

<i>SERFF Tracking Number:</i>	<i>SYMX-125868086</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 10/24/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SYM-125868086</i>	<i>State:</i>	<i>Arkansas</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Application		Yes
Supporting Document	Certification/Notice		No
Form	Unallocated Group Contract		Yes
Form	Contract Schedule		Yes
Form	Application Form		Yes
Form	TSA Endorsement		Yes

SERFF Tracking Number: SYMX-125868086 State: Arkansas

Filing Company: Symetra Life Insurance Company State Tracking Number: 40638

Company Tracking Number: A10AR0002510F01

TOI: A08G Group Annuities - Unallocated Sub-TOI: A08G.003 Deposit Administration

Product Name: RSC-0060 5/08 Group Annuity Contract

Project Name/Number: RSC-0060 5/08/A10AR0002510F01

Form Schedule

Lead Form Number: RSC-0060/MSR 5/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	RSC-0060/MSR 5/08	Policy/Cont	Unallocated Group ract/Fratern Contract al Certificate	Initial		0	RSC-0060_MSR 5_08.PDF
	RSC-0061/MSR D 5/08	Schedule	Contract Schedule Pages	Initial		0	RSC-0061_MSR D 5_08.PDF
	RSA-0012/MSR 5/08	Application/ Enrollment Form	Application Form	Initial		0	RSA-0012_MSR 5_08.PDF
	RSE-0047/MSR 5/08	Certificate	TSA Endorsement Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0	RSE-0047_MSR 5_08.PDF

Symetra Life Insurance Company

[777 108th Avenue NE, Suite 1200
Bellevue, WA 98004-5135]



[Symetra Fixed Account Annuity]

This is a legal Contract between the Owner (referred to in this Contract as "you" and "your") and Symetra Life Insurance Company (referred to in this Contract as "Symetra Life", "our", "us", and "we"). Symetra Life is a stock company with its Home Office in Bellevue, Washington.

Symetra has issued this Contract in consideration of the application of the Owner and payment of the initial Purchase Payment. Symetra Life will make Annuity payments to the Participant beginning on the Annuity Date, subject to the terms of this Contract. Symetra Life has executed and attested this Contract as of the Contract Date at our Home Office in Bellevue, Washington.

If you have questions, comments, or complaints, please contact Symetra Life at [1-800-796-3872.]

IMPORTANT

YOU HAVE PURCHASED AN ANNUITY CONTRACT. CAREFULLY REVIEW IT FOR LIMITATIONS.

Signed for Symetra Life Insurance Company by:

A handwritten signature in black ink that reads "George Pagos".

[George Pagos]
Secretary

A handwritten signature in black ink that reads "Randall H. Talbot".

[Randall H. Talbot]
President

GROUP ANNUITY CONTRACT
FIXED ACCOUNT
UNALLOCATED
NON-PARTICIPATING

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DEFINITIONS

Accumulation Account	The account established on behalf of the Owner which reflects the Owner's interest in this Contract.
Annuity	Any series of payments made under the Annuity options of this Contract.
Annuity Date	The date on which a Participant's Annuity payments start under this Contract, as determined by the Owner's Plan.
Beneficiary	The person(s) or entity (ies) entitled to receive benefits under this Contract upon the death of a Participant.
Competing Option	<p>A Plan investment option, other than this Contract, that:</p> <ul style="list-style-type: none">• Provides a direct or indirect guarantee of interest crediting or investment performance; or• Is a portfolio of fixed income or similar assets (including without limitation, a stable value fund or money market fund) if the duration of such portfolio may be less than three years; or• Is, or which may be, invested primarily in financial vehicles that are, in turn, invested substantially in a portfolio described above; or• Is any other annuity contract.
Contract	This Group Annuity Contract by and between Symetra Life and the Owner.
Contract Anniversary	The same day and month as the Contract Date in subsequent years.
Contract Date	The effective date of this Contract, as shown on the Schedule.
Contract Year	The 12-month period starting on the Contract Date or on a Contract Anniversary.
Internal Revenue Code IRC	The Internal Revenue Code of 1986, as amended.
Owner	The Plan sponsor, or designated Plan administrator, who makes application for the Contract.
Participant	A person who is eligible for benefits under the Plan.
Plan	<p>[The employer-sponsored retirement plan qualified for tax deferral under: Section 401(a) of the IRC of 1986, for which this Contract is used as a funding vehicle.]</p> <p>[The employer-sponsored retirement plan qualified for tax deferral under Section 403(b) of the IRC of 1986, for which this Contract is used as a funding vehicle.]</p> <p>[The employer-sponsored retirement plan qualified for tax deferral under Section 457(b) of the IRC of 1986, for which this Contract is used as a funding vehicle.]</p>

[The employer-sponsored welfare plan used exclusively to reimburse expenses incurred for medical care as defined under IRC Section 213(d), including a Health Reimbursement Arrangement (HRA).]

Purchase Payment	The amounts paid to Symetra Life under this Contract.
Symetra Life	Symetra Life Insurance Company.
Schedule	The Contract Schedule page that forms a part of this Contract.
Withdrawal	Any payment from this Contract.

GENERAL PROVISIONS

ADMINISTRATION: This Contract is an unallocated group annuity contract. We will not maintain Participant-level accounts under this Contract. You or your designated administrator must maintain Participant-level records if you allow Participants in the Plan to self-direct their Plan contributions into this Contract or if you otherwise track a Participant's interest in this Contract. If you use a third party for Participant level administration, then the administrator must be approved by Symetra Life. However, that administrator will act as your agent and Symetra Life will not be held liable for any act or omission of the administrator. Any references herein to "you" "your" and the "Owner" include the Owner's designated administrator. Symetra Life will not provide individual Participant-level recordkeeping under this Contract nor will it provide third-party administration services. It is the Owner's responsibility for determining that all contributions to and all benefit payments from this Contract are permitted under applicable law and the Plan. Symetra Life will provide without charge an annual report to the Owner regarding the status of the Contract.

ASSIGNMENT OF BENEFITS: When this Contract is issued as part of an employer-sponsored retirement or welfare benefit plan, this Contract and the benefits under it may not be assigned, alienated or otherwise transferred, and will not be subject to any claim of any creditor or to any legal process to the fullest extent permitted by law.

COMMUNICATIONS: All written communications to the Owner or to Symetra Life will be addressed as follows:

- To the Owner at the last known address on file with Symetra Life; or
- To Symetra Life Insurance Company at [777 108th Avenue NE, Suite 1200, Bellevue, Washington 98004-5135;] or
- [P.O. Box 3882 Seattle, Washington 98124-3882]; or
- to another address as determined by Symetra Life and communicated in writing to the Owner.

CONTRACT CHANGES: Changes may be made to this Contract only by written agreement signed by the Owner and by an authorized officer of Symetra Life. No other person has power on behalf of Symetra Life to change any of the terms or conditions of this Contract. Any change must be in writing. Symetra reserves the right to change the provisions of this Contract to conform to any applicable law, regulation, or ruling issued by a government agency.

CONTRACT SETTLEMENT: Unless otherwise designated in writing by Symetra Life, all sums payable under this Contract are payable at Symetra Life's Home Office.

ENTIRE CONTRACT: The entire Contract between Symetra Life and the Owner consists of this Contract, the attached application and any endorsements. A copy of the application will be attached to the Contract when issued. All statements made by the Owner in the application are deemed representations and not warranties. We are not a party to or bound by a Plan, trust, custodial agreement, or other agreement (including your agreement with any Third Party

Administrator), or any amendment or modification to any of the same. We are not a fiduciary under this Contract or under any such Plan, trust, custodial agreement, or other agreement.

ESSENTIAL DATA: The Owner will furnish to Symetra Life any information necessary for the administration of this Contract.

EVIDENCE OF SURVIVAL: When benefits under this Contract depend upon a Participant being alive on a given date, Symetra Life may require proof that the recipient is living. Such proof may be required prior to paying the benefits.

[EXCLUSIVE BENEFIT/NONFORFEITABILITY: If the Employer sponsoring the Plan is a governmental entity and the Plan is an eligible Plan under IRC section 457(b), the Contract's assets and income shall be held for the exclusive benefit of the Participant and the Participant's Beneficiaries. If the Employer sponsoring the IRC Section 457(b) Plan is a tax-exempt entity described in the IRC section 501(c), the Contract's assets and income under this Contract remains solely the Owner's until such time benefits are paid to the Participant under the terms of the Plan.]

MISSTATEMENT OF AGE: Symetra Life may require proof of the age of any Participant before making any life Annuity Payment under this Contract. If the age of a Participant has been misstated, the Annuity payments will be adjusted based on correct information.

Once life income payments have begun, any underpayments will be made up in one sum with the next Annuity payment. Overpayments will be deducted from future Annuity payments until the total is repaid. No interest will be credited to underpayments or charged to overpayments.

NON-PARTICIPATION IN SURPLUS: This Contract will not share in any distribution of profits, losses or surplus of Symetra Life.

PLACE AND FORM OF PAYMENT: All Purchase Payments paid to Symetra Life under this Contract will be payable at Symetra Life at the following addresses:

- [777 108th Avenue NE, Suite 1200, Bellevue, Washington 98004-5135]; or
- [P.O. Box 3882 Seattle, Washington 98124-3882]; or
- to another address as determined by Symetra Life and communicated in writing to the Owner.

All amounts to be paid under this Contract, either payable to or by Symetra Life, will be in lawful money of the United States of America.

REPRESENTATIONS AND WARRANTIES: You represent and warrant to us that:

- (a) [The employer-sponsored retirement plan qualified for tax deferral under Section 401(a) of the IRC of 1986]

[The employer-sponsored retirement plan qualified for tax deferral under Section 403(b) of the IRC of 1986]

[The employer-sponsored retirement plan qualified for tax deferral under Section 457(b) of the IRC of 1986]

[The employer-sponsored welfare plan used exclusively to reimburse expenses incurred for medical care as defined under IRC Section 213(d), including a Health Reimbursement Arrangement (HRA)] meets the requirements of the IRC.

- (b) The execution of this Contract has been authorized by the Plan fiduciary responsible for Plan investment decisions or by a Plan representative otherwise authorized to enter into this Contract; and
- (c) The execution or performance of this Contract does not violate any Plan provisions or any law, regulation, judgment or order by which the Plan is bound.

STATE REQUIRED BENEFITS: The benefits of this Contract will not be less than the minimum benefits required by any statute of any state in which this Contract is delivered.

SUBSTITUTE PAYEE: If Symetra Life receives satisfactory proof that a person receiving any payment due under this Contract is legally or mentally incompetent, Symetra Life may make such payment or any part thereof to any person deemed a legal representative by a court of competent jurisdiction.

Such payment will completely discharge the liability of Symetra Life with respect to the amount so paid.

ACCUMULATION ACCOUNT

AMOUNT OF PURCHASE PAYMENT: Purchase Payments may vary in amount and frequency. However, they must be at least equal to the minimum Purchase Payment shown on the Schedule.

ACCEPTANCE OF PURCHASE PAYMENT: All Purchase Payments are submitted to Symetra Life and are subject to acceptance and approval by Symetra Life.

Purchase Payments paid to the Accumulation Account will become part of investment pools in Symetra Life's general account to be so used and invested and will not be segregated from Symetra Life's other assets.

INTEREST CREDITING: Symetra Life credits interest daily from the day a Purchase Payment is received by Symetra Life. Annual effective interest rates show the effect of daily compounding of interest over a 12-month period. Interest is credited to the Accumulation Account using the greater of the following two annual effective interest rates established by Symetra Life:

- the minimum guaranteed annual effective interest rate; or
- an annual effective interest rate, which can change at any time.

The minimum guaranteed annual effective interest rate may change every January 1 and July 1. The value from January 1 through June 30 will be equal to the annual effective interest rate credited on January 1 less [1.00%]. The value from July 1 through December 31 will be equal to the annual effective interest rate credited on July 1 less [1.00%].

The interest rate credited will never be less than the annual effective rate of 1.50%.

ACCUMULATION ACCOUNT VALUE: The value of the Accumulation Account is equal to the total of all Purchase Payments received by Symetra Life plus interest credited, less any previous Withdrawals and applicable fees and charges.

BENEFIT PROVISIONS

As provided by the Plan, Symetra Life will issue an Annuity, or make a cash distribution to a Participant or to any other person who is entitled to such benefits under the Plan subject to all of the following:

- the provisions of the Contract;
- the provisions of the Plan; and
- the written direction of the Owner.

Symetra Life is not obligated to issue an Annuity or cash distribution until it receives the Owner's written direction containing the following:

- name and age of the Participant and any joint annuitant or Beneficiary if applicable;
- the amount of the cash distribution; or the Annuity option chosen, and the amount from the Accumulation Account to be applied to the Annuity option; and
- the written certification that such Annuity or cash distribution is in accordance with the provisions of the Plan.

Symetra Life may rely on the written direction of the Owner and will not be liable for any failure to question or challenge such direction and certification regarding the issuance of an Annuity or payment of a cash distribution.

On the date upon which Symetra Life is to issue an Annuity to a Participant under an Annuity option, Symetra Life will deduct the amount necessary to purchase the requested Annuity. Such deduction will be the amount calculated in accordance with the annuity purchase rate as set forth in the Fixed Annuity Purchase Rate Table of this Contract. The annuity purchase rates set out in the Fixed Annuity Purchase Rate Table are guaranteed by Symetra Life through [December 31, 2010]. Thereafter, the rates will continue to be applicable unless advised of new rates by Symetra Life with 60 days notice.

ANNUITY OPTIONS

Subject to the provision of the Plan, an Annuity may be issued in any of the following Annuity option forms or such other forms that Symetra Life agrees to issue under this Contract.

OPTION ONE – LIFE ANNUITY: Monthly payments will be made for the rest of the Participant's life. No death benefit is payable under this option.

OPTION TWO – LIFE ANNUITY WITH MONTHLY PAYMENTS GUARANTEED: Monthly payments will be made for the longer of the Participant's life, or the guaranteed number of months. The number of months guaranteed will not be less than 120. If the Participant dies before the guaranteed number of payments have been made, the remaining payments will be made to the named Beneficiary.

OPTION THREE – JOINT AND SURVIVOR LIFE ANNUITY: Monthly payments will be made for the lifetime of the Participant and Joint-annuitant. After the death of the Participant, payments will be continued to the Joint-annuitant for as long as he or she lives. The written request for this option must specify the Joint-annuitant and the percentage value of monthly payments to continue to the Joint-annuitant.

ANNUITY PAYMENTS: Annuity payments will begin on the Annuity Date. If, however, the net amount available to apply to any Annuity option is less than \$10,000, Symetra Life will have the right to pay such amount in a single sum.

WITHDRAWALS

You will advise us of any person for whom a payment is due under the Plan including the nature and amount of such payment, before the date such payment is due or as soon thereafter as practicable. Any Withdrawal request under this section must certify the purpose of the request.

The only Withdrawals allowed are as follows:

- (a) Transfers requested by Participants to non-Competing Options. Any transfer directed to a non-Competing Option must be held for a minimum of 90 days prior to a subsequent transfer to a Competing Option.
- (b) the provision of Participant benefits, as described as follows:

[Under IRC Section 401 (a): Withdrawals made for:

- payments made under an Annuity option;
- the death of a Participant;

- the retirement of a Participant, in accordance with the Plan;
- a Participant's separation from service or severance from employment;
- payments of required minimum distributions to a Participant under IRC Section 401(k);
- distributions in the calendar year in which the employee attains age 70 1/2;
- If a Participant becomes totally and permanently disabled;
- a financial hardship;
- a loan to a Participant, if allowed by the Plan;
- withdrawals as required by a Qualified Domestic Relations Order;
- an eligible rollover distribution; or
- return of excess contributions.]

[Under IRC Section 457(b), Withdrawals made for or on behalf of:

- Participants to purchase an Annuity option;
- the death of a Participant;
- the retirement of a Participant, in accordance with the Plan;
- a Participant's severance from employment;
- an unforeseeable emergency;
- a loan to a Participant, if allowed by the Plan;
- withdrawals as required by a Qualified Domestic Relations Order;
- an eligible rollover distribution; or
- the return of excess contributions.]

[Under IRC Section 403(b), Withdrawals made for or on behalf of:

- Participants to purchase an Annuity option;
- the death of a Participant;
- the retirement of a Participant, in accordance with the Plan;
- a Participant's severance from employment;
- distributions in the calendar year in which the employee attains age 70 1/2;
- If a Participant becomes totally and permanently disabled
- a financial hardship;
- attainment of age 59 1/2;
- a loan to a Participant, if allowed by the Plan;
- withdrawals as required by a Qualified Domestic Relations Order;
- an eligible rollover distribution; or
- return of excess contributions.]

[Under a Health Reimbursement Arrangement (HRA), withdrawals made for or on behalf of:

- A Participant's reimbursable medical expense pursuant to IRC 213(d).]

We may require documentation that the Withdrawal or transfer meets one of the conditions stated above prior to executing any Withdrawal or transfer. You assume full responsibility for determining whether any Withdrawal is permitted under applicable law and under the terms of the Plan. We may rely solely upon your representations made in the Withdrawal request.

TERMINATION OF CONTRACT

This Contract may be terminated by the Owner at any time by giving a 60 day advance written notice to Symetra Life. No further Purchase Payments will be accepted after notification to terminate.

If the Plan itself is not being terminated:

- the Accumulation Account value will be paid in 20 quarterly installments over a period of

- 5 years from the termination date;
- the first installment will be paid on the termination date;
 - the remaining 19 installments will be paid quarterly;
 - this Contract will terminate on the date the 20th installment is paid; and
 - all benefit provisions under this Contract, excluding transfers to other options or additional Purchase Payments, will continue in force until the Accumulation Account value is completely withdrawn.
 - Installment payments will be taken at a rate of 1/20 of the Accumulation Account value for the first quarter of termination, 1/19 of the Accumulation Account value for the second quarter of termination and so on until the Accumulation Account is depleted in the fifth year of termination.

If the Plan itself is being terminated, the Accumulation Account will be paid in one lump sum. We will require proof of the Plan termination prior to payment of the Accumulation Account value.

After the first Contract Year, if the Accumulation Account value falls below the minimum of \$10,000, Symetra will terminate the contract and return the remaining balance to you.

FIXED ANNUITY PURCHASE RATE TABLE

MORTALITY TABLES USED: The rates in the Annuity Purchase Rate Table are based upon the Annuity 2000 Mortality Table blended 20% Male and 80% Female projected 20 years. The effective interest rate assumed in the Annuity Purchase Rate Table is 2.00%.

Consideration Required to Purchase \$1 of Monthly Annuity* Life

Joint and Survivor**

Age of Annuitant	Annuity Life Annuity	10 Years Certain	Life Annuity	10 Years Certain and Life
55	\$305.55	\$307.67	\$343.87	\$345.48
56	299.44	301.67	338.23	339.84
57	293.23	295.60	332.48	334.10
58	286.95	289.45	326.62	328.24
59	280.57	283.24	320.65	322.27
60	274.10	276.95	314.56	316.19
61	267.55	270.60	308.36	309.99
62	260.92	264.18	302.05	303.69
63	254.20	257.72	295.64	297.28
64	247.42	251.22	289.11	290.76
65	240.57	244.68	282.47	284.14
66	233.66	238.12	275.73	277.43
67	226.69	231.56	268.89	270.61
68	219.68	224.99	261.95	263.71
69	212.61	218.45	254.92	256.73
70	205.51	211.94	247.80	249.67
71	198.38	205.47	240.59	242.56
72	191.23	199.08	233.31	235.39
73	184.08	192.77	225.97	228.19
74	176.96	186.58	218.57	220.98
75	169.88	180.53	211.14	213.77

*The consideration shown refers to the net value used to purchase an Annuity, after premium taxes or other applicable charges are deducted. For example, it would cost \$240,570 for a Participant age 65 to receive a Life Annuity which provides a monthly income of \$1,000.

**Participant and co-annuitant are assumed to be the same age.

Consideration for ages or combination of lives not shown will be furnished by Symetra upon request.

SCHEDULE

OWNER: [TRUSTEES OF ABC COMPANY, INC. RETIREMENT PLAN]

PLAN: [ABC COMPANY. INC. RETIREMENT PLAN]

CONTRACT DATE: [DATE OF INITIAL PURCHASE PAYMENT]

CONTRACT NUMBER: [PLAN NUMBER]

GOVERNING JURISDICTION: [STATE]

MINIMUM PURCHASE PAYMENT: [\$500]

EMPLOYER INFORMATION

Application is made to Symetra Life Insurance Company, Bellevue, Washington for an Unallocated Group Fixed Annuity Contract providing annuities for the employees of:

Company Name _____

Street Address _____

City _____

State _____

Zip Code _____

Employer's IRS Identification Number _____

PLAN INFORMATION

Plan Name _____

[• Section 401(a) Applicants:

Is this a qualified pension or profit sharing plan which meets the requirements of Section 401(a) of the Internal Revenue Code as amended? • Yes • No

Is this a cash or deferred compensation agreement under Section 401(k) of the Internal Revenue Code of 1954, as amended? • Yes • No

Is the employer sponsoring this plan a self-employed individual or owner-employee? • Yes • No
(If yes, Statement of Investment Suitability, must accompany this application.)]

[• Section 457 Applicants:

Is this Eligible Deferred Compensation Plan under Section 457 of the Internal Revenue Code?
• Yes • No

Plans for non-government employers must be established only for a select group of management or highly compensated personnel. Section 501(c) organizations must attach a copy of the IRS letter of determination.]

[• Section 403(b) Applicants:

Is this a plan established under Section 403(b) of the Internal Revenue Code ? • Yes • No

Is this an ERISA 403(b) plan?
• Yes • No]

[• Section 213(d) Applicants:

Is this plan a Health Reimbursement Arrangement established to reimburse expenses as defined under Internal Revenue Code 213 (d)? • Yes • No]

Date Received (Home Office Use Only)

SymetraSM and the Symetra Financial logo are service marks of Symetra Life Insurance Company.

Owner's Statement and Signatures

Do you have any existing annuity contracts with this or any other company?

• Yes (complete any state specific replacement forms, if required) • No

Will this contract replace any existing annuity or insurance contract with this or any other company?

• Yes (complete the following and submit state specific replacement forms, if required) • No

Contract No.

Company Name

Contract No.

Company Name

On behalf of myself and any person who may claim any interest under this policy, I represent that all statements and answers in this application are complete and true.

Employer's Signature

Date

Signed at (city, state)

Agency Statement

To the best of my knowledge the owner has an existing annuity contract?

• Yes (complete any state specific replacement forms, if required) • No

Do you have any reason to believe the annuity applied for will replace or change any existing annuity or life insurance?

*• Yes (complete any state specific replacement forms, if required) • No

Is this Contract in accord with the objectives and anticipated financial needs of the Plan for which it is being purchased?

• Yes • No

Licensed Agent's Signature and Date

Agency Name and Phone No.

Licensed Agent (print name)

State

License No.

Agent No.

ACCEPTANCE

Acceptance of the Contract by the Owner when it is issued shall constitute approval of the provisions of said Contract as being in accord with this application.

Date Received (Home Office Use Only)

For purposes of administering the Contract, the following is our designated record keeper:

Name of Administrator

Address

Signed in City and State of

Date

Print Authorized Employer Representative's or Plan Administrator's Name

Signature of Authorized Employer Representative of Plan

Print Agent/Producer's Name

State ID/License Number

Agent/Producer Signature

Stat Number

Primary Plan Contact

Telephone Number

Fraud Warning In some states we are required to disclose to you the following:

Multi-State [California, Florida, Georgia, Louisiana, Nevada, Texas and Washington D.C.]:

Florida residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Residents of other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application of insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Date Received (Home Office Use Only)

Symetra Life Insurance Company

[777 108th Avenue NE, Suite 1200
Bellevue, WA 98004-5135]

**Tax Sheltered Annuity Endorsement**

This endorsement is made a part of the annuity contract to which it is attached. The Contract is a legal Contract between the Owner (referred to in this Contract as "you" and "your") and Symetra Life Insurance Company (referred to in this Contract as "Symetra Life", "our", "us", and "we"). In the case of a conflict with any provision in the Contract, the terms of this Endorsement will control. This Endorsement applies to a Contract issued under IRC Section 403(b). This Endorsement is effective upon issuance.

Article I – Coordination with Plan

This Contract is subject to the terms of the Plan. The terms of the Plan govern in the event of a conflict between the terms of the Plan and this Contract, provided that the terms of the Plan do not expand the terms of this Contract and do not impose any responsibilities or duties on us greater than those set forth in the Contract.

Symetra Life shall rely upon the Employer's representations regarding the accuracy of this information. Symetra Life shall rely upon the Employer's instructions in permitting contributions to and making distributions from this Contract (including loans if permitted) in accordance with the terms of the Plan. Except to the extent otherwise agreed upon between Symetra Life and the Employer, Symetra Life shall share with the Employer information regarding this Contract requested for purposes of ensuring adherence to the terms of the Plan. However, nothing herein shall require Symetra Life to maintain participant-level accounts for or on behalf of the Plan. The provisions of the "Administration" section under "General Provisions" apply to this Endorsement. Furthermore, any requirement in this Endorsement or in the Plan for a "separate account" or that otherwise requires identification of an Employer's or Participant's contribution type, including, but not limited to, source of contribution or date of contribution, is the responsibility of the Employer. We are not responsible for maintaining any separate accounts under the Contract.

Article II – Contributions in General

Except in the case of a rollover contribution described in the Internal Revenue Code of 1986, as amended, (the "Code"), Purchase Payments must be made by the Employer or via an intra-plan exchange or plan-to-plan transfer described in Article V of this Endorsement. The Employer may not make contributions after the Participant's death. To the extent permitted by the Plan, the Code, and the Income Tax Regulations, contributions to this Contract may include designated Roth contributions within the meaning of Code section 402A(c)(1), including such contributions made in a direct rollover from another designated Roth account under an applicable retirement plan described in Code section 402A(e)(1). If allowed, it is the Employer's responsibility to ensure that amounts attributable to designated Roth contributions under this Contract will be maintained in a separate account, and separate records will be kept for such amounts.

Article III – Contribution Limits

Except as permitted by Code section 414(v), Purchase Payments made pursuant to a salary reduction agreement shall not exceed the limits of Code section 402(g) and Code section 415. Symetra Life will not knowingly accept any contributions in excess of this limit and does not intend to maintain such excess amounts in a separate account under the Contract in any way. It is the Employer's responsibility to determine if the contribution limits, on behalf of a Participant, have been exceeded and to request a Withdrawal of any excess contributions (including any allocable income) made to this Contract, as permitted by applicable law.

Article IV – Nontransferable and Nonforfeitable

The interest of the Participant under the Contract is nontransferable within the meaning of Code section 401(g) and is nonforfeitable.

Article V – Intra-Plan Exchanges and Plan-to-Plan Transfers

Subject to the terms of the Plan, tax-free exchanges within the Plan and plan-to-plan transfers involving this Contract will be allowed to the extent permitted by law.

Article VI – Withdrawal Restrictions

- A. *In General.* Distribution from this Contract shall be made only in accordance with the requirements of Code section 403(b), the Income Tax Regulations, the Contract, and the Plan. Symetra Life has no responsibility to make any distribution (including a loan) from this Contract until it has received instructions or information from the Employer in a form acceptable to us. Symetra Life shall rely on the Employer's representation and instructions regarding whether a distribution meets the requirements of Code Section 403(b), the Income Tax Regulations, and the Plan.
- B. *Restricted Elective Deferrals.* Withdrawals and other distributions attributable to Restricted Elective Deferrals shall not be paid from the Contract unless the Participant has (1) reached age 59 ½, (2) had a severance from employment; (3) died; (4) become disabled within the meaning of Code section 72(m)(7); or (5) incurred a hardship (in which case such amounts shall be limited to actual salary deferral contributions, excluding earnings thereon).
- C. *Employer Annuity Amounts.* On and after January 1, 2009, Withdrawals and other distributions attributable to Employer Annuity Amounts shall not be paid from this Contract earlier than the Participant's severance from employment or upon the prior occurrence of some event, such as after a fixed number of years, the attainment of a stated age, or disability, as provided in the Plan.
- D. *Employer Custodial Amounts.* Withdrawals and other distributions attributable to Employer Custodial Amounts shall not be paid from this Contract unless the Participant has (1) reached age 59½, (2) had a severance from employment, (3) died, or (4) become disabled (within the meaning of Code section 72(m)(7)).
- E. If this Contract contains both Restricted Elective Deferrals and other contributions and the Restricted Elective Deferrals are not maintained in a separate account, distributions may not be made earlier than the later of (1) any date permitted under section B of this Article VI, and (2) any date permitted under section C or D of this Article VI, whichever is applicable with respect to contributions that are not Restricted Elective Deferrals.
- F. *Exchanges and Transfers.* With respect to amounts exchanged or transferred to this Contract pursuant to Article V, this TSA imposes distribution restrictions that are not less stringent than those imposed under the Contract being exchanged or under the transferor plan, whichever is applicable, in accordance with section 1.403(b)-10(b)(2) of the Income Tax Regulations.
- G. *Exceptions.*
 - (1) Notwithstanding any other provision in this Article VI, withdrawals and other distributions are permitted to be paid from this Contract to the extent (a) allowed by applicable law, (b) required by a qualified domestic relations order within the meaning of section 414(p), or (d) described in Code section 72(t)(2)(G).
 - (2) If the Employer informs us that the Plan has been terminated in accordance with section 1.403(b)-10(a) of the Income Tax Regulations, Symetra Life shall follow the instructions of the Employer with regard to how this Contract or the accumulated benefits thereunder are to be distributed, provided that such instructions are in accordance with the requirements of Code section 403(b) and the Income Tax Regulations and in accordance with the "Termination of Contract" section of the Contract.
 - (3) The withdrawal restrictions described in this Article VI do not apply to amounts held in a separate account for contributions that are eligible rollover distributions as described in section 1.403(b)-10(d) of the Income Tax Regulations.

Article VII – Required Minimum Distributions and Incidental Benefits

Distributions from this Contract must be made in accordance with the required minimum distribution rules of Code sections 403(b)(10) and 401(a)(9). Distributions from and benefits under this Contract also must satisfy the requirements relating to incidental benefits under section 1.401-1(b)(1)(ii) of the Income Tax Regulations. All such rules are incorporated herein by reference. It is the Employer's responsibility to advise us when Withdrawals should be made to satisfy the required minimum distribution rules and incidental benefit requirements.

Article VIII – Loans

If permitted by the Plan, Withdrawals may be made from the Contract for the purposes of a loan subject to the requirements of the Code and the terms of the Plan. The Employer is responsible for determining the terms and conditions of the loan, including compliance with the requirements of the Code

Article IX – Direct Rollovers

Notwithstanding any provision of the Plan to the contrary that would otherwise limit a distributee's election under this Article IX, a distributee may elect, at the time and in the manner prescribed by the Plan, to have any portion of an eligible rollover distribution that is equal to at least \$500 paid directly to an "eligible retirement plan" specified by the distributee in a direct rollover and as defined by the IRC and applicable regulations. If an eligible rollover distribution is less than \$500, a distributee may not make the election described in the preceding sentence to rollover a portion of the eligible rollover distribution. It is the Employer's responsibility to determine if the distribution is an eligible rollover distribution and to certify that a Withdrawal is for the purpose of a direct rollover of an eligible rollover distribution.

An eligible rollover distribution is any distribution of all or any portion of the balance to the credit of the distributee, except that an eligible rollover distribution does not include (i) any distribution that is one of a series of substantially equal periodic payments (not less frequently than annually) made for the life (or life expectancy) of the distributee or the joint lives (or joint and last survivor expectancies) of the distributee and the distributee's designated beneficiary, or for a specified period of ten years or more; (ii) any distribution to the extent such distribution is required under Code section 401(a)(9); (iii) any hardship distribution; (iv) the portion of any other distribution(s) that is not includible in gross income (determined without regard to the exclusion for net unrealized appreciation with respect to employer securities); (v) any other distribution(s) that is reasonably expected to total less than \$200 during a year; and (vi) any other amounts designated in published federal income tax guidance.

A portion of a distribution shall not fail to be an eligible rollover distribution merely because the portion consists of after-tax employee contributions which are not includible in gross income. However, such portion may be transferred only to an individual retirement account or annuity described in Code section 408(a) or (b), respectively, or to a qualified defined contribution plan described in Code sections 401(a) or 403(a) that agrees to separately account for amounts so transferred, including separately accounting for the portion of such distribution which is includible in gross income and the portion of the distribution which is not so includible.

An eligible retirement plan is an eligible plan under Code section 457(b) which is maintained by a state, political subdivision of a state, or any agency or instrumentality of a state or political subdivision of a state and which agrees to separately account for amounts transferred into such plan from this TSA, an individual retirement account described in Code section 408(a), an individual retirement annuity described in Code section 408(b), an annuity plan described in Code section 403(a), an annuity contract described in Code section 403(b), or a qualified plan described in Code section 401(a), that accepts the distributee's eligible rollover distribution. The definition of eligible retirement plan shall also apply in the case of a distribution to a surviving spouse, or to a spouse or former spouse who is the alternate payee under a qualified domestic relations order.

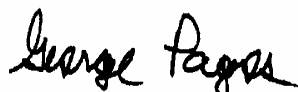
If any portion of an eligible rollover distribution is attributable to payments or distributions from a designated Roth account (as defined in Code section 402A), an eligible retirement plan with respect to such portion shall include only another designated Roth account of the individual from whose account the payments or distributions were made, or to a Roth IRA of such individual.

A distributee includes a Participant. In addition, the Participant's surviving spouse and the Participant's spouse or former spouse who is the alternative payee under a qualified domestic relations order are distributees with regard to the interest of the spouse or former spouse.

Article X – Definitions of Terms Used in this Endorsement

- A. Employer.** Employer means the entity that is the Owner of this Contract and established the Plan under which this Contract was issued.
- B. Employer Annuity Amounts.** Employer Annuity Amounts means amounts attributable to contributions made to an annuity contract under Code section 403(b)(1) (including earnings thereon) that are not elective deferrals. Employer Annuity Amounts do not include after-tax employee contributions or earnings thereon.
- C. Employer Custodial Amounts.** Employer Custodial Amounts means amounts attributable to contributions made to a custodial account under Code section 403(b)(7) (including earnings thereon) that are not elective deferrals, and which are contributed to this Contract pursuant to an intra-plan exchange or plan-to-plan transfer described in Article V.
- D. Plan.** The Employer's 403(b) plan pursuant to which this Contract is issued or, if applicable, any agreement under which information regarding this Contract and the Employer's 403(b) plan is shared as required by section 1.403(b)-10(b)(2)(C) of the Income Tax Regulations.
- E. Restricted Elective Deferrals.** Restricted Elective Deferrals means section 403(b) elective deferral contributions made after December 31, 1988, pursuant to a salary reduction agreement, and the earnings on such contributions and on amounts held as of December 31, 1988. Unless otherwise indicated, Restricted Elective Deferrals include designated Roth contributions within the meaning of Code section 402A(c)(1).

Signed for Symetra Life Insurance Company by:



[George Pagos]
Secretary



[Randall H. Talbot]
President

<i>SERFF Tracking Number:</i>	<i>SYMX-125868086</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40638</i>
<i>Company Tracking Number:</i>	<i>A10AR0002510F01</i>		
<i>TOI:</i>	<i>A08G Group Annuities - Unallocated</i>	<i>Sub-TOI:</i>	<i>A08G.003 Deposit Administration</i>
<i>Product Name:</i>	<i>RSC-0060 5/08 Group Annuity Contract</i>		
<i>Project Name/Number:</i>	<i>RSC-0060 5/08/A10AR0002510F01</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SYM-125868086</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Symetra Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40638</i>
<i>Company Tracking Number:</i>	<i>A10AR0002510F01</i>		
<i>TOI:</i>	<i>A08G Group Annuities - Unallocated</i>	<i>Sub-TOI:</i>	<i>A08G.003 Deposit Administration</i>
<i>Product Name:</i>	<i>RSC-0060 5/08 Group Annuity Contract</i>		
<i>Project Name/Number:</i>	<i>RSC-0060 5/08/A10AR0002510F01</i>		

Supporting Document Schedules

	Review Status:	
Satisfied -Name:	Statement of Variability	10/21/2008
Comments:		
Attachment:		
Statement of Variability.PDF		

	Review Status:	
Satisfied -Name:	Application	10/21/2008
Comments:		
Included		

STATEMENT OF VARIABILITY

RE: Symetra Life Insurance Company
Multi-State Review – Unallocated Group Annuity Contract
Form Number - RSC-0060/MSR 5/08, et al.

In connection with item VAR1 on the MSLH Annuities Group Non-Variable Deferred Benefit Flexible Premium checklist, the following items are noted as being variable:

Company Address	In the future, our address may change.
Product Name	In the future, the marketing name of this product may change.
Company Phone Number	In the future, our phone number may change.
Officer Signatures	In the future, different officers may be designated.
Definition of Plan	Definition of Plan is noted as variable depending on the type of plan the Employer is offering.
Exclusive Benefit/Nonforfeitability	This provision is noted as variable as it applies only to 457 plans.
Representations and Warranties	The type of plan under this provision is noted as variable depending on the type of plan the Employer is offering.
Interest Crediting	The minimum guaranteed annual effective interest rate may change every January 1 and July 1 based on the annual effective interest rate then in effect. The minimum rate will always equal the January 1 or July 1 annual effective rate less a corridor. The range of the corridor that will be subtracted from the annual effective interest rate is 0% to 2%. In no event will the credited interest rate ever be less than 1.50% as stated on page 3 of the contract.
Withdrawals	Depending on the type of plan chosen by the Employer, the allowable withdrawals will change.
Contract Schedule	Items on the Contract Schedule are noted as variable. The schedule will be tailored to the employer group purchasing the contract.
Minimum Purchase Payment	The range of the minimum purchase payment we will accept is \$100.00 to \$1,000,000.00.
Governing Jurisdiction	The state where the contract is issued will be inserted.